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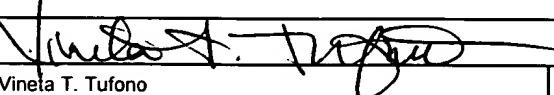
 <small>(to be used for all correspondence after initial filing)</small>		Application Number 09/918,413  Filing Date July 30, 2001  First Named Inventor Mohamed M. Haq  Art Unit 3626  Examiner Name Tomaszewski
Total Number of Pages in This Submission 19	Attorney Docket Number 50016-3	

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard.
<b>Remarks</b> The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 50-2811. A duplicate copy of this form is attached for that purpose.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm	Marc A. Sockol Thelen Reid Brown Raysman & Steiner LLP 2225 East Bayshore Road, Suite 210 Palo Alto, CA 94303	
Signature		
Printed Name	Marc A. Sockol	
Date	February 21, 2007	Reg. No. 40,823

#### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Vineta T. Tufono	Date	February 21, 2007

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	
Mohamed M. Haq	Examiner: Tomaszewski
Serial No.: 09/918,413	Art Unit: 3626
Filed: July 30, 2001	
Title: VIRTUAL CLINIC FOR MEDICAL PRACTICE	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated November 28, 2006, the deadline for response ending on February 28, 2007, please amend the above-identified application as follows: